



Additional Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

City of Riverside will provide Basic Life coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount. A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life.
- You must be an active benefited employee of City of Riverside, regularly working at least 20 hours each week
- Plan does not cover temporary or seasonal employees, full time members of the armed forces, leased employees or independent contractors
- *Your spouse or children must not be full-time members of the armed forces of any country.*

Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000, to a maximum of \$300,000.

If you wish to become insured for an amount of Additional Life in excess of \$50,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Spouse Coverage Amount

You must be enrolled in the Additional Life plan to enroll your spouse. This coverage is available in units of \$5,000 to a maximum of \$150,000, but not to exceed 50% of your Additional Life coverage.

If you elect an amount for your *spouse* greater than \$10,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children

Child means your unmarried child from live birth through age 20 (through age 24 if a registered student in full time attendance at an accredited educational institution. Child includes a stepchild living in your home and adopted child(ren).

You must be enrolled in the Additional Life plan to enroll your child(ren). You have a choice to elect \$2,000, \$5,000 or \$10,000 of Dependents Life Insurance for your eligible *children*. This amount may not exceed 50% of your Additional Life coverage. All late applications and requests for coverage increases will be subject to medical underwriting approval.

Employee and Spouse Rates

<u>Employee Age on January 1, 2006</u>	<u>Rate (Per \$1000 of Total Coverage)</u>
<30	\$0.064
30-34	\$0.068
35-39	\$0.086
40-44	\$0.117
45-49	\$0.185
50-54	\$0.272
55-59	\$0.430
60-64	\$0.666
65-69	\$1.306
70-74	\$2.239
75+	\$7.382

To calculate your premium:

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \$ \text{_____} = \$ \text{_____}$$

(from chart) Your monthly cost

Write the Amount Elected on the
Life Requested Amount line
on your Enrollment and Change Form

To calculate the premium for your spouse:

$$\frac{\text{Amount Elected}}{\$1,000} = \text{_____} \times \$ \text{_____} = \$ \text{_____}$$

(from chart) Your monthly cost

Write the Amount Elected on the
Dependent Life Spouse Requested Amount line
on your Enrollment and Change Form

*See page 4 and 5 for additional information pertaining to rate calculation.

Child(ren) Rates for Additional Life

The dependent rate is a flat rate regardless of the number of child(ren). The rates are as follows:

<u>Coverage Amount</u>	<u>Per Month Cost</u>
\$ 2,000	\$0.40
\$ 5,000	\$1.00
\$10,000	\$2.00

Child(ren) Amount Elected

Write the Amount Elected on the Dependent
Life Children Requested Amount line on your
Enrollment and Change Form

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance including Dependents Life Insurance, your insurance will not become effective until the day after you complete 1 days of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces 8% at age 65, 16% at age 66, 24% at age 67, 32% at age 68, 40% at age 69, and 75% at age 70 or older.

Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- five months after the date you die
- the date your Life Insurance ends
- the date Dependents Life Insurance terminates under the *group policy*
- the date your *employer's* coverage under the *group policy* for Dependents Life Insurance terminates
- the date the last period ends for which a premium was paid for your Dependents Life Insurance
- when the *dependent* ceases to be an eligible *dependent*
- for your *spouse* the date of your divorce or legal separation
- for a *child* who is *disabled*, 90 days after we mail you a proof of disability request, if proof is not given.

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

Employee Monthly Rates

Coverage Amount	Employee Age as of January 1										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.64	0.68	0.86	1.17	1.85	2.72	4.30	6.66	13.06	22.39	73.82
\$20,000	1.28	1.36	1.72	2.34	3.70	5.44	8.60	13.32	26.12	44.78	147.64
\$30,000	1.92	2.04	2.58	3.51	5.55	8.16	12.90	19.98	39.18	67.17	221.46
\$40,000	2.56	2.72	3.44	4.68	7.40	10.88	17.20	26.64	52.24	89.56	295.28
\$50,000	3.20	3.40	4.30	5.85	9.25	13.60	21.50	33.30	65.30	111.95	369.10
\$60,000	3.84	4.08	5.16	7.02	11.10	16.32	25.80	39.96	78.36	134.34	442.92
\$70,000	4.48	4.76	6.02	8.19	12.95	19.04	30.10	46.62	91.42	156.73	516.74
\$80,000	5.12	5.44	6.88	9.36	14.80	21.76	34.40	53.28	104.48	179.12	590.56
\$90,000	5.76	6.12	7.74	10.53	16.65	24.48	38.70	59.94	117.54	201.51	664.38
\$100,000	6.40	6.80	8.60	11.70	18.50	27.20	43.00	66.60	130.60	223.90	738.20
\$110,000	7.04	7.48	9.46	12.87	20.35	29.92	47.30	73.26	143.66	246.29	812.02
\$120,000	7.68	8.16	10.32	14.04	22.20	32.64	51.60	79.92	156.72	268.68	885.84
\$130,000	8.32	8.84	11.18	15.21	24.05	35.36	55.90	86.58	169.78	291.07	959.66
\$140,000	8.96	9.52	12.04	16.38	25.90	38.08	60.20	93.24	182.84	313.46	1,033.48
\$150,000	9.60	10.20	12.90	17.55	27.75	40.80	64.50	99.90	195.90	335.85	1,107.30
\$160,000	10.24	10.88	13.76	18.72	29.60	43.52	68.80	106.56	208.96	358.24	1,181.12
\$170,000	10.88	11.56	14.62	19.89	31.45	46.24	73.10	113.22	222.02	380.63	1,254.94
\$180,000	11.52	12.24	15.48	21.06	33.30	48.96	77.40	119.88	235.08	403.02	1,328.76
\$190,000	12.16	12.92	16.34	22.23	35.15	51.68	81.70	126.54	248.14	425.41	1,402.58
\$200,000	12.80	13.60	17.20	23.40	37.00	54.40	86.00	133.20	261.20	447.80	1,476.40
\$210,000	13.44	14.28	18.06	24.57	38.85	57.12	90.30	139.86	274.26	470.19	1,550.22
\$220,000	14.08	14.96	18.92	25.74	40.70	59.84	94.60	146.52	287.32	492.58	1,624.04
\$230,000	14.72	15.64	19.78	26.91	42.55	62.56	98.90	153.18	300.38	514.97	1,697.86
\$240,000	15.36	16.32	20.64	28.08	44.40	65.28	103.20	159.84	313.44	537.36	1,771.68
\$250,000	16.00	17.00	21.50	29.25	46.25	68.00	107.50	166.50	326.50	559.75	1,845.50
\$260,000	16.64	17.68	22.36	30.42	48.10	70.72	111.80	173.16	339.56	582.14	1,919.32
\$270,000	17.28	18.36	23.22	31.59	49.95	73.44	116.10	179.82	352.62	604.53	1,993.14
\$280,000	17.92	19.04	24.08	32.76	51.80	76.16	120.40	186.48	365.68	626.92	2,066.96
\$290,000	18.56	19.72	24.94	33.93	53.65	78.88	124.70	193.14	378.74	649.31	2,140.78
\$300,000	19.20	20.40	25.80	35.10	55.50	81.60	129.00	199.80	391.80	671.70	2,214.60

Spouse Monthly Rates

Coverage Amount	Employee Age as of January 1 st , 2005										
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.32	0.34	0.43	0.59	0.93	1.36	2.15	3.33	6.53	11.20	36.91
\$10,000	0.64	0.68	0.86	1.17	1.85	2.72	4.30	6.66	13.06	22.39	73.82
\$15,000	0.96	1.02	1.29	1.76	2.78	4.08	6.45	9.99	19.59	33.59	110.73
\$20,000	1.28	1.36	1.72	2.34	3.70	5.44	8.60	13.32	26.12	44.78	147.64
\$25,000	1.60	1.70	2.15	2.93	4.63	6.80	10.75	16.65	32.65	55.98	184.55
\$30,000	1.92	2.04	2.58	3.51	5.55	8.16	12.90	19.98	39.18	67.17	221.46
\$35,000	2.24	2.38	3.01	4.10	6.48	9.52	15.05	23.31	45.71	78.37	258.37
\$40,000	2.56	2.72	3.44	4.68	7.40	10.88	17.20	26.64	52.24	89.56	295.28
\$45,000	2.88	3.06	3.87	5.27	8.33	12.24	19.35	29.97	58.77	100.76	332.19
\$50,000	3.20	3.40	4.30	5.85	9.25	13.60	21.50	33.30	65.30	111.95	369.10
\$55,000	3.52	3.74	4.73	6.44	10.18	14.96	23.65	36.63	71.83	123.15	406.01
\$60,000	3.84	4.08	5.16	7.02	11.10	16.32	25.80	39.96	78.36	134.34	442.92
\$65,000	4.16	4.42	5.59	7.61	12.03	17.68	27.95	43.29	84.89	145.54	479.83
\$70,000	4.48	4.76	6.02	8.19	12.95	19.04	30.10	46.62	91.42	156.73	516.74
\$75,000	4.80	5.10	6.45	8.78	13.88	20.40	32.25	49.95	97.95	167.93	553.65
\$80,000	5.12	5.44	6.88	9.36	14.80	21.76	34.40	53.28	104.48	179.12	590.56
\$85,000	5.44	5.78	7.31	9.95	15.73	23.12	36.55	56.61	111.01	190.32	627.47
\$90,000	5.76	6.12	7.74	10.53	16.65	24.48	38.70	59.94	117.54	201.51	664.38
\$95,000	6.08	6.46	8.17	11.12	17.58	25.84	40.85	63.27	124.07	212.71	701.29
\$100,000	6.40	6.80	8.60	11.70	18.50	27.20	43.00	66.60	130.60	223.90	738.20
\$105,000	6.72	7.14	9.03	12.29	19.43	28.56	45.15	69.93	137.13	235.10	775.11
\$110,000	7.04	7.48	9.46	12.87	20.35	29.92	47.30	73.26	143.66	246.29	812.02
\$115,000	7.36	7.82	9.89	13.46	21.28	31.28	49.45	76.59	150.19	257.49	848.93
\$120,000	7.68	8.16	10.32	14.04	22.20	32.64	51.60	79.92	156.72	268.68	885.84
\$125,000	8.00	8.50	10.75	14.63	23.13	34.00	53.75	83.25	163.25	279.88	922.75
\$130,000	8.32	8.84	11.18	15.21	24.05	35.36	55.90	86.58	169.78	291.07	959.66
\$135,000	8.64	9.18	11.61	15.80	24.98	36.72	58.05	89.91	176.31	302.27	996.57
\$140,000	8.96	9.52	12.04	16.38	25.90	38.08	60.20	93.24	182.84	313.46	1,033.48
\$145,000	9.28	9.86	12.47	16.97	26.83	39.44	62.35	96.57	189.37	324.66	1,070.39
\$150,000	9.60	10.20	12.90	17.55	27.75	40.80	64.50	99.90	195.90	335.85	1,107.30